

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 5  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>We Vote - Nosotros Votamos - PPAMM Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00527226
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Planned Parenthood Advocacy Project Los Angeles County</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2016</b>
Mailing Address <b>400 West 30th Street</b>		Amount <b>669.59</b>
City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90007</b>
Purpose of Expenditure Staff Time & Expenses; 10/20 - 11/8 (Estimate)	Category/Type <b>24E</b>	Transaction ID : PDT.E.46 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2016</b>
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>26113.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Planned Parenthood Advocacy Project Los Angeles County</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2016</b>
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City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90007</b>
Purpose of Expenditure Staff Time & Expenses;10/20 - 11/8 (Estimate)	Category/Type <b>24E</b>	Transaction ID : PDT.E.47 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 20 / 2016</b>
Name of Federal Candidate <b>Masto, Catherine Cortez, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought <b>39901.29</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>1339.18</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Parise, Joanne, , ,*

[Electronically Filed]

Date

 MM / DD / YYYY  
**10 / 21 / 2016**

Signature